

## **APPENDIX A**

*Abbreviations Table A-C: NH, natural history, AV, atrio-ventricular, VA, ventriculo-arteriel, HLHS, hypoplastic left heart syndrome, AA, aortic atresia, ToP, termination of pregnancy, eHLHS, evolving HLHS, BV, biventricular, UV, univentricular, IAS, intact intra atrial communication, Htx, heart transplantation, GA, gestational age, BW, birth weight.*

**Table A.** The studied cohorts in Paper I-V with inclusion and exclusion criteria and description of the cohort.

Paper	Cohorts and subgroups	n	Inclusion criteria	Exclusion criteria
<b>I</b>				
Cohort I	Infants with single ventricle physiology and a shunt as the only source of pulmonary blood flow	28	Surgery from September 2007-December 2010	Lack of consent
Cohort II		49	Surgery from August 2002-June 2007	-
<b>II</b>				
Cohort NH	Fetuses with aortic stenosis 2005-2012 in ongoing pregnancies	107	Situs solitus, AV/VA concordance, stenosed but patent aortic valve	Fetal intervention
Subgroup 1	Postnatal treatment and intention-to-treat	85	Available fetal echo data $\leq$ 30 completed weeks	
Subgroup 2	Boston 2006 criteria for UV circulation	44		
Subgroup 3	Boston 2009 threshold score for intervention	12		
<b>III</b>				
Cohort NH	Paper II	107	“	Fetal intervention
Cohort FV	Fetuses with aortic stenosis 2005-2012 in ongoing pregnancies	67	Fetal intervention, intention to treat	-
Subgroup 1	Successful FV	59		
Subgroup 2	Unsuccessful FV	8		
Subgroup 3	Hydrops	24		
Propensity score and IPTW matched cases	NH and FV cohorts matched on propensity score	65	Available fetal echo data $\leq$ 30 completed weeks Liveborn neonate with known outcome	-
<b>IV</b>				
Cohort HLHS/AA	Neonates with HLHS/aortic atresia born in Sweden 1990-2010	254	Liveborn neonates	Aortic stenosis. Other cardiac malformation.
<b>V</b>				
Cohort HLHS/AA, surgery	Neonates with HLHS/aortic atresia born in Sweden 1990-2010	121	Surgery 1993-2010	Aortic stenosis. Other cardiac malformation.

**Table B.** The outcomes, exposures and possible confounding factors and interactions observed in the cohorts with fetal aortic stenosis, Paper II and III.

Fetuses with prenatal diagnosis of aortic stenosis		
Outcome (y)	Exposures (x)	Confounding and interactions
<b>ToP</b>	Prenatal diagnosis of fetal aortic stenosis	Prenatal cardiac screening in the population Legislation Cultural and religious aspects Known criteria for eHLHS versus likely BV repair Possibility to treat in utero Possibility to treat after birth
<b>sIUD</b>	Cardiac failure	Other causes of cardiac failure
<b>Fetal intervention</b>	Cardiac morphology, size and physiology	The option of ToP Availability and attitudes towards fetal intervention
Liveborn neonates with prenatal diagnosis of fetal aortic stenosis		
Outcome (y)	Exposures (x)	Confounding and interactions
<b>Comfort care</b>	Parental wish	Additional malformations Legislation
<b>Neonatal death before first procedure</b>	Circulatory failure	Other causes of circulatory failure Planning of delivery
Liveborn neonate with prenatal diagnosis of fetal aortic stenosis and postnatal procedure performed		
Outcome (y)	Exposures (x)	Confounding and interactions
<b>BV circulation</b>	Prenatal diagnosis of fetal aortic stenosis	Gestational age at delivery Birth weight
<b>BV to UV circulation</b>		Cardiac morphology, size and physiology at birth
<b>UV circulation</b>		Birth location Surgical center
<b>30-day mortality</b>	All postnatal procedures	IAS, sepsis, prematurity, cardiac or respiratory failure
<b>Overall survival</b>	BV or UV circulation	Type and number of surgical procedures Cardiac or respiratory failure Pulmonary hypertension Htx (none)

**Table C.** *The outcomes, exposures, possible confounding factors and potentially modifiable factors in the observed cohorts with HLHS/AA, Paper IV and V.*

HLHS/AA, liveborn neonates			
Outcomes (y)	Exposures (x)	Confounding factors	Modifiable factors (x)
<b>Surgery versus no surgery</b>	Gender	Experience of the surgical treatment	Legislation
	Birth period		Ethical considerations
	Prenatal diagnosis		Information to parents
	GA $\leq$ 37 weeks		Attitude towards comfort care among professionals and in the society
	BW $\leq$ 2500 g		
	Birth location		
Extra cardiac malformations			
HLHS/AA, surgery			
Outcomes (y)	Exposures (x)	Confounding factors	Modifiable factors (x)
<b>30-day mortality</b>	Birth period	-	Prenatal diagnosis
			Experience
<b>Inter stage mortality</b>			Surgical modifications
			Anti-coagulation therapy
			Home monitoring
<b>Overall survival</b>	Gender	Prenatal diagnosis	Experience
	Birth period	Experience	Prenatal diagnosis
	Prenatal diagnosis	Surgical modifications	Gestational age at birth (prenatal diagnosis)
	Gestational age at birth	Anti-coagulation therapy	Surgical center
	Somatic growth at birth	Home monitoring	Age at first surgery
	Extracardiac malformations		Follow-up
	Surgical center		
	Age at first surgery		